

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568,193

FILING DATE

2-9-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		C	
2				1		
3				1		
4				1		
5				1		
6			1			
7			1			
8			1			
9			1			
10			1		1	
11				1		
12					1	
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50						
TOTAL IND.		↓	2	↓	2	↓
TOTAL DEP.	←		8	←	8	←
TOTAL CLAIMS			10		10	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←	←	←	←
TOTAL CLAIMS						